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Commission on Population and Development acting as the preparatory committee for the special session of the General Assembly for the review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development
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Preparation for the special session of the General Assembly

Review and appraisal of the progress made in achieving the goals and objectives of the Programme of Action of the International Conference on Population and Development

Report of the Secretary-General

Summary

The Programme of Action of the International Conference on Population and Development recommends that in order to ensure effective follow-up to the Conference, as well as to enhance intergovernmental decision-making capacity for the integration of population and development issues, the General Assembly organize a regular review of the implementation of the Programme of Action.

In its resolution 49/128, the General Assembly charged the Commission on Population and Development to be the body responsible for monitoring, reviewing and assessing the implementation of the Programme of Action, and requested the Economic and Social Council to review the reporting procedures regarding population and development issues, including a quinquennial review and appraisal of the progress made in achieving the goals and objectives of the Programme of Action. In its resolution 1995/55, the Council requested that the report of the Secretary-General providing such a review and appraisal be prepared quinquennially for the Commission on Population and Development. In its resolution 52/188 (as reaffirmed in its resolution 53/183), the General Assembly decided to convene a special

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session from 30 June to 2 July 1999 in order to review and appraise the implementation of the Programme of Action. The present report, along with the report of the international forum (E/CN.9/1999/PC/3), provides input to the report of the Secretary-General for the special session containing draft measures for the further implementation of the Programme of Action (E/CN.9/1999/PC/4).

In accordance with the above-mentioned resolutions, the present report presents a summary of the results of the first quinquennial review and appraisal of the progress made in achieving the goals and objectives of the Programme of Action. The report provides an overall assessment of the issues concerning population trends, population growth, structure and distribution, reproductive rights and reproductive health, health and mortality, international migration and development, and population programmes and resources. The preliminary, unedited version of the full report is available as a working paper in document ESA/P/WP.148.

The report was prepared by the Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat; the United Nations Population Fund provided the information for section VI (Population programmes and resources).

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Introduction

1. As requested by the Commission on Population and Development at its thirty-first session, the review and appraisal concentrates on chapters of the Programme of Action which were designated as the themes for discussion and debate at its twenty-ninth through thirty-second sessions, namely, reproductive rights and reproductive health; international migration and development; health and mortality; and population growth, structure and distribution. Nevertheless, as the Commission had requested, the World Population Monitoring reports prepared for and debated at those sessions of the Commission incorporated elements from all the chapters of the Programme of Action. As requested by the Commission, the review and appraisal also focuses on population programmes and resources.

2. The International Conference on Population and Development (ICPD) was a milestone in the international community's thinking about population and development issues. The five-year period between ICPD and its first quinquennial review and appraisal is clearly too short for the Conference's thinking and for newly instituted policy changes or newly formulated programmes to have played out in visible demographic outcomes. Moreover, because the factors that affect trends and patterns of fertility, mortality and migration are so complex, it is not possible to separate out the role of the Programme of Action in affecting demographic change from that of other factors which were already in place prior to the incorporation of the recommendations of the Programme of Action into national policies and programmes.

3. The present report documents major changes in policies and programme approaches which emphasize the linkages between population and development and integrate population concerns throughout economic and social sectors. Those policy and programmatic changes, as illustrated below, can be expected to play themselves out in the coming years, to hasten the demographic transition and to foster sustained economic growth and sustainable development.

4. A theme running through the present report is the lack of accurate, timely and internationally comparable data to provide the basis for a reliable monitoring of the implementation of the goals and objectives of the Programme of Action. The Programme of Action emphasized that valid, reliable, timely, culturally relevant and internationally comparable data form the basis for policy and programme development, implementation, monitoring and evaluation. The Programme of Action further noted that many gaps remain with regard to the quality and coverage of the baseline information, including vital data on births and deaths, as well as the continuity of data sets over time. Five years after the Conference, there has been little improvement in the availability, quality and comparability of the data necessary for monitoring and appraising. This is particularly pertinent for many countries in sub-Saharan Africa, which remain far from meeting the objectives and goals of the Programme of Action, and for some of the countries of Asia and Europe with economies in transition, where trends point to worsening conditions for their populations. Financial and other constraints have already led to the cancellation or postponement of some censuses, which provide the basic data for national planning activities and monitoring of progress.

5. Not yet evident in the review and appraisal is the extent to which the current crisis in financial markets is affecting the implementation of the Programme of Action in the crisis-hit countries. The crisis, which has led to massive and sudden outflows of capital from those countries and declines in capital flows to them, has led to economic recession and negative effects on funding of social programmes. As the General Assembly noted in its

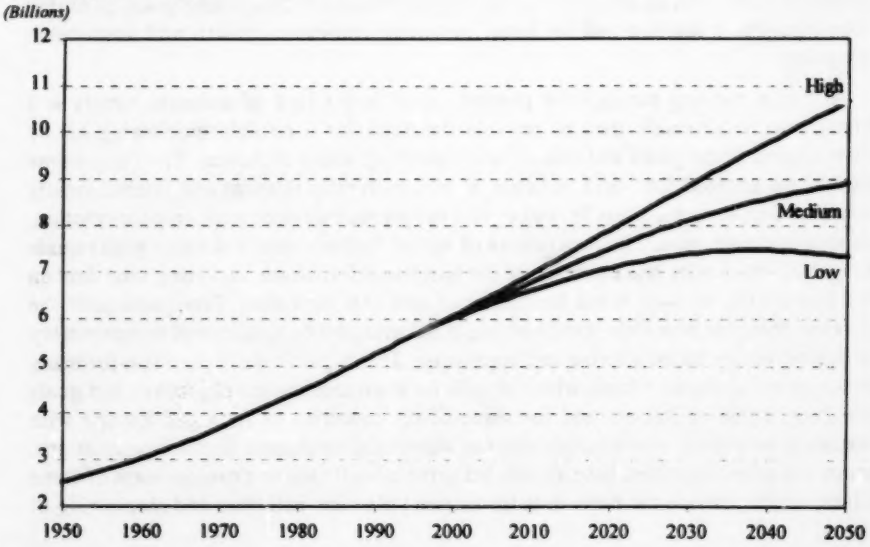
resolution 53/172, a most important question that needs to be addressed by the international community in the process of globalization is the need to mobilize resources for such goals as poverty reduction, human resources development, and health and education.

6. Adequate financial resources at the national and international levels are necessary to achieve the goals and objectives of the Programme of Action. However, the national experiences highlighted in the present report show that resources on their own do not necessarily lead to sustained progress. As the Programme of Action states, in instances where the leadership is strongly committed, countries have been able to mobilize sustained commitment at all levels to make population and development programmes and projects successful. In other words, it is the political dimension — that is, Government leadership, priorities and commitment — that is the determining factor in the success or failure of policy adoption and programme implementation.

I. Population levels and trends

7. The ICPD Programme of Action defined population growth as an important variable for development. In particular, the Programme of Action states that in order to achieve the ultimate goal of an improved quality of life for current and future generations it is important to facilitate the demographic transition towards a pattern of low birth and death rates, and hence slower population growth rates. While current and future demographic dynamics imply that population stabilization is a long-term goal, relatively small changes in population growth today can have a dramatic impact on long-term population size (see figure).

World population size: past estimates and medium, high and low fertility variants, 1950–2050



Source: United Nations, *World Population Prospects: The 1998 Revision* (United Nations publications, forthcoming).

8. The mid-year world population in 1998 is estimated to be 5.9 billion, 50.4 per cent male and 49.6 per cent female. Each year, 78 million persons are currently added to the

world, which is an annual average growth rate of 1.3 per cent. Four out of five people in the world live in the less developed regions (4.7 billion), while one out of five (1.2 billion) live in the more developed regions. The contribution of the more and less developed regions to the growth of the world's population differs widely: 75 million of the total annual population increase (about 96 per cent) originates in the less developed regions of the world, while the more developed regions contribute about 3 million.

9. Since 1974, when the World Population Programme of Action was adopted at the World Population Conference at Bucharest, dramatic demographic changes have occurred. During the past quarter century, the average number of children per woman has decreased from 4.5 to 2.7, and life expectancy at birth has increased by 6.8 years to 63.3 years for males and by 8.2 years to 67.6 years for females. The world population growth rate has gradually declined, from about 2 per cent, a historic high, to 1.3 per cent today. Absolute increments to world population, however, have showed a lagged trend: they continued to increase for about another 20 years, from 76 million annually during 1970–1975 to 86 million annually during 1985–1990, and began to decline thereafter. As a result, in a period of a quarter century the world's population grew from 4 billion to 6 billion. That increase of 2 billion people in such a short period of time is unprecedented in human history.

10. Annual rates of natural increase differ widely among countries. For example, for the period 1995-2000, there are 42 countries (or areas) with annual rates of natural increase of 2.5 per cent or higher, all of them developing countries and the majority in Africa. In contrast, there are 18 countries, all in Europe, with negative rates of natural increase, ranging from -0.52 per cent for Latvia to -0.01 per cent for Portugal. Most of the countries with negative rates of natural increase are Eastern European countries with economies in transition (see table 1).

Table 1
Countries[a] with negative annual rates of natural increase, 1995–2000

Country	*Annual rate of natural increase*
Latvia	-0.52
Bulgaria	-0.47
Estonia	-0.47
Ukraine	-0.43
Russian Federation	-0.42
Hungary	-0.38
Belarus	-0.34
Romania	-0.23
Czech Republic	-0.22
Lithuania	-0.16
Germany	-0.16
Italy	-0.14
Slovenia	-0.10
Croatia	-0.09
Sweden	-0.09
Greece	-0.03

Country	*Annual rate of natural increase*
Spain	-0.02
Portugal	-0.01

Source: United Nations, *World Population Prospects: The 1998 Revision* (United Nations publication, forthcoming).

[a] For countries with populations of 150,000 inhabitants or more in 1995.

II. Population growth, structure and distribution

11. The Programme of Action articulates a comprehensive approach to issues of population and development, identifying a range of demographic and social goals to be achieved over a 20-year period. While the Programme of Action provides no quantifiable goals for population growth, structure and distribution, it does reflect the view that an early stabilization of world population would make an important contribution to realizing the overarching objective of sustainable development.

12. Despite significant declines in rates of population growth, rapid population growth remains a concern for a majority of Governments in developing countries (see table 2). The decline in growth rates is chiefly attributable to the increased use of effective methods of family planning, which has enabled couples and individuals to have better control over the timing and the number of births. While notable progress has been made in extending family planning and other reproductive health services, the revolution in reproductive choice is unfinished and in some countries has barely begun. Unwanted and mistimed births are still common. Desired family size is declining in all developing regions, fuelling the demand for reproductive health services. Continued and enhanced efforts to meet that growing demand will directly benefit couples and individuals, and will also help to buy time for the achievement of broader development goals.

Table 2
Governments' views on population growth rate, 1998
(*Percentage of countries*)

	Too high	*Satisfactory*	*Too low*	*Total*	*Number of countries*
World	41	44	14	100	180
More developed regions	2	69	29	100	45
Less developed regions	54	36	10	100	135

Source: Population Policy Data Bank maintained by the Population Division, Department of Economic and Social Affairs of the United Nations Secretariat.

13. At present, more than two thirds of Governments in developed countries consider their rates of population growth to be satisfactory, but a growing minority are voicing concern over low rates of population growth and their consequences for socio-economic development. In some cases, the concern is less with population growth per se than with the degree and pace of population ageing. For Governments concerned by low population growth, there are no well tested policy recipes to follow. The coming years may therefore see increased discussion of policy alternatives, and Governments may benefit by comparing

ideas and experiences, and by continued efforts to improve understanding of the forces underlying their changing demographic circumstances.

14. The objectives of the Programme of Action in regard to population age structure are directed at major groups at opposite ends of the age spectrum, namely, children, youth and adolescents, and older persons. Although a rising trend in school enrolment at all educational levels and declines in illiteracy have been noted, 32 countries still have enrolment ratios of less than 50 per 100 school-age children for primary and secondary school combined. In many countries, education continues to be characterized by high drop-out rates, very high pupil-teacher ratios and inadequately equipped school facilities. In most countries, boys have higher enrolment rates than girls, and the differences are substantial in many countries, particularly where levels of enrolment are low overall. In half of the developing countries, the enrolment ratio for boys exceeds that for girls by five percentage points or more. However, in Latin America and the Caribbean, the gender gap in school enrolment is narrower than in the other less developed regions. In a substantial fraction of the countries of that region, enrolment ratios for females are higher than for males.

15. As regards the population of older persons, developed countries generally have in place a range of policies and programmes to meet the needs of older persons, while developing countries are less far along. One challenge for both developed and developing countries is how best to allocate limited resources among public sectors. Accordingly, planning may have to reflect greater sensitivity to expected demographic changes. For developing countries, there is a need to move towards broad-based formal systems of income maintenance for older persons, without accelerating the decline in informal systems. To achieve those dual objectives, informal support systems will have to be bolstered by offering assistance to family caregivers. Actions will also be required on the medical front. Because medical care in many developing countries has not been geared to the needs of older persons, some reorientation of the medical system will be necessary, as well as the establishment and/or strengthening of geriatric training for medical personnel. For developed countries, given the persistence of below-replacement fertility and future contractions in the working age population, the advisability of measures which encourage early retirement is questionable. A more appropriate policy in those circumstances might be to raise mandatory retirement ages and eliminate incentives to early retirement. A number of Governments have recently taken such steps.

16. One of the major trends in the latter half of the twentieth century is the unparalleled growth of urban agglomerations. By 2006, the number of urban dwellers will exceed rural dwellers for the first time in history. Problems associated with inappropriate population distribution plague many countries, particularly in developing regions, and pose serious obstacles to sustainable development. Only about one fourth of countries are satisfied with their patterns of spatial distribution (see table 3). The Programme of Action recommends that Governments increase the capacity and competence of city and municipal authorities to manage urban development. In this regard, they may wish to consider decentralizing their administrative systems. This also involves assigning responsibility for expenditures and the right to raise revenue to regional districts and local authorities. Such measures can increase the ability of local authorities to safeguard the environment, respond to the need of all citizens for personal safety and services, and cope with health and social problems, including problems of substance abuse and criminality. Governments, as well as non-governmental organizations, can contribute to the welfare of the urban poor by helping to develop their income-earning ability. The Habitat Agenda and Istanbul Declaration, adopted by the United Nations Conference on Human Settlements (Habitat II) in 1996, contain additional commitments and strategies for achieving adequate shelter for all and

making human settlements safer, healthier and more liveable, equitable, sustainable and productive.

17. Governments wishing to create alternatives to out-migration from rural areas should improve rural education, health and other social services, and provide safe water. Equitable rural development can be further promoted through legal and other mechanisms, as appropriate, that advance land reform, recognize and protect property, water and user rights, and enhance access to resources for women and the poor. There is also a need for effective systems of regional planning and decision-making, ensuring the wide participation of all population groups. The Programme of Action also urges countries to recognize that the lands of indigenous people and their communities should be protected from activities that are environmentally unsound or activities that the indigenous people concerned consider to be socially and culturally inappropriate; there is a continuing need for effective steps to ensure such protection.

Table 3
Governments' views on spatial distribution, 1998
(Percentage of countries)

	Satisfactory	*Minor change desired*	*Major change desired*	*Total*	*Number of countries*
World	27	29	44	100	179
More developed regions	48	32	20	100	44
Less developed regions	21	28	51	100	135

Source: Population Policy Data Bank maintained by the Population Division, Department of Economic and Social Affairs of the United Nations Secretariat.

18. The Programme of Action aims to fully integrate population concerns into development, environmental and poverty-reduction strategies and resource allocation at all levels, with the objectives of meeting the needs and improving the quality of life of current and future generations, promoting social justice and eradicating poverty. With respect to the wide range of environmental, social, health and economic objectives set out in the Programme of Action and at other global conferences, progress has been mixed. Overall progress has been made, though in varying degrees, towards reducing poverty rates (though not as yet the absolute number of the poor), increasing food supplies and improving health and education. The Programme for the Further Implementation of Agenda 21, adopted by the General Assembly at its nineteenth special session, in 1997, particularly noted recent declines in the global rate of population growth as among the positive trends since Agenda 21 was adopted by the United Nations Conference on Environment and Development in 1992.

19. Even though poverty rates have declined dramatically in many countries in recent years, progress has been uneven: more than 1.3 billion people are still classified as poor, and the economic downturn that began with the Asian financial crisis in 1997 has reversed some of the gains. It is widely believed that the most important factor accounting for poverty is the macroeconomic environment, especially factors that govern the growth of employment. With some notable exceptions, including the economies in transition, countries in the 1990s generally achieved robust economic growth. However, the recent financial crisis shows that sustained progress cannot be taken for granted, and that in today's economy the ramifications of a national or regional financial crisis can quickly spread throughout the globe.

20. While population factors cannot account for short-term economic fluctuations, there has been persistent interest in population's possible economic effects in the longer run. The predominant view in recent years, as reflected in the Programme of Action, is that slower rates of population growth can buy more time to adjust and can increase countries' ability to attack poverty, protect and repair the environment, and build the base for future sustainable development.

21. The growth and distribution of the population has direct impacts on environmental use, but the nature of those impacts is largely governed by institutional realities — property rights, land distribution, taxes and subsidies on various types of production and consumption etc. Given the nature of environmental resources, government policies are critical to population-environmental interactions. While non-governmental organizations and the private sector can and should play an important role, government commitment, support and leadership at the local, regional and national levels remains critical for halting and reversing damage to the environment, and for the provision of primary and secondary education, primary health care and other basic social services, especially as regards access for the poor.

III. Reproductive rights and reproductive health

22. The Programme of Action emphasizes that all countries should strive to make reproductive health accessible to all individuals of appropriate ages as soon as possible, through the primary health-care system. However, the Programme of Action and the concepts it describes have not been disseminated as widely and publicly as was envisioned and hoped for after ICPD. Consequently, some aspects of the reproductive health and rights agenda have received limited support. Where general support for the Programme of Action exists, full support is still lacking for legislation to ensure reproductive rights and reproductive health, and gender equity and equality. Moreover, policy development and implementation are limited by inadequate understanding of the structural and strategic implications of a shift from vertical maternal and child health and family planning structures to a rights-based reproductive health strategy.

23. Two key strategic steps to be taken in moving towards a reproductive health approach are integrating existing services and broadening of available services. Another key issue has been quality of care, with increasing emphasis being given to such issues as client choice of methods; information for and counselling of users; technical competence of providers; interpersonal relations between providers and clients; mechanisms for follow-up and continuity of care; and an appropriate constellation of services.

24. In the process of health sector reform, additional emphasis is needed to ensure sexual and reproductive health for all at the highest achievable standard of care and to mobilize the necessary resources. Governments will need to continue to promote reorientation of the health system to ensure that policies, strategic plans and all aspects of implementation are rights-based, cover the life cycle and serve all. This requires changing the attitudes of policy makers, health-care providers, and users/clients so that the public health system is open to inputs from civil society regarding the content and delivery of public health services and information.

25. The average level of contraceptive use is estimated at 70 per cent in the more developed regions and at 55 per ent in the less developed regions; contraceptive prevalence has increased substantially over the past 10 years, by at least 10 percentage points, in a large number of developing countries. Between 1988 and 1998, prevalence rose from 27 to 39

per cent in Kenya, from 32 to 49 per cent in Bangladesh, and from 36 to 46 per cent in the Philippines. Even in some of the least developed African countries, the level of use has recently increased markedly. For example, since 1988-1991, contraceptive prevalence has increased from 12 to 24 per cent in Togo, from 5 to 15 per cent in Uganda, and from 4 to 8 per cent in the Niger.

26. However, despite the sustained rise in contraceptive use, effective control over fertility has eluded a sizeable number of couples. The gap between stated desires to prevent or delay a birth and the actual use of contraception to achieve those goals is considerable in many countries, and the full range of modern family planning methods still remains unavailable to large numbers of couples worldwide. For countries surveyed in the late 1980s and early 1990s, about one in four couples want to avoid pregnancy but are not using contraception. Most of them would be using a modern family planning method if more accurate information and affordable services were easily available, and if partners, extended families and the community were more supportive.

27. The emphasis on health issues in connection with family planning has been growing, and while concerns about health effects of modern methods are widespread not all fears are well founded. There is a need to know more about the nature and severity of the effects women fear, and to ask questions about perceived risks in similar detail to women using and not using a modern method. The drawbacks of existing contraceptive methods point to a need for new and improved methods. A full range of modern methods tailored to the convenience of use and individual control over beginning and stopping use, in addition to safety and efficacy at preventing pregnancy, should be made available.

28. The Programme of Action has placed family planning within the realm of reproductive health and reproductive rights. Thus, policies that view family planning solely as a means for the reduction of fertility need to be reoriented for meeting the objectives set out in the Programme of Action and its implementation. To that end, guidance is needed not only in the formulation of appropriate policies but also in clearly defining the place of family planning programmes within the wider framework of reproductive health and reproductive rights. Further, measures for the evaluation of programmes beyond their impact on the level of fertility need to be elaborated.

29. In many countries, women do not have the power to insist on safe and responsible sex practices, and have limited access to information and services for prevention and treatment. Many women and adolescents tend to avoid clinics for sexually transmitted diseases (STDs) out of fear of being stigmatized. Moreover, despite the fact that the highest rates of STDs are among those aged 15–29 and that adolescents have increased biological susceptibility to certain sexually transmitted diseases, the access of adolescents to treatment facilities is restricted in many countries.

30. Prevention of STDs and their detection and treatment is an important human immunodeficiency virus (HIV) prevention strategy, as well as a public health priority in its own right. In terms of HIV prevention, priority needs to be given to STD prevention and treatment for people with high-risk sexual behaviour, who also in general have the highest STD infection rates. Despite much scepticism at the beginning of the acquired immunodeficiency syndrome (AIDS) epidemic, it is clear that widespread changes in sexual behaviour and condom use are possible. Social marketing of condoms, in association with interventions that have been designed to promote safe sex, has resulted in an increase in condom use.

31. Adolescent reproductive behaviour has become an emerging worldwide concern due to a lowering of the age at menarche and increasing numbers initiating sexual activity at

a young age. Most countries do not have coherent policies for the protection and maintenance of reproductive health in adolescents, in part because of the sensitivity of the subject. The diversity of laws and policies related to adolescent sexual behaviour is so great that it is difficult to generalize about the matter. More and more countries have been developing a comprehensive approach to adolescent reproductive health due to a growing recognition that sexual and reproductive health concerns are closely related: adolescents in need of one service are likely to need others as well. There is also a trend towards the integration of activities designed for information, education, communication and other forms of health promotion for adolescent reproductive health with local reproductive health services for adolescents.

32. Adolescent sexual and reproductive health issues often generate deep controversy because of the sensitivity of the topic, and because issues discussed under that rubric are sometimes seen as infringing on the rights, responsibilities and authority of adults towards their adolescent children. There is also sometimes mistrust and fear about sexual and reproductive health education for adolescents. The purposes of sexual and reproductive health education should be made clear in order to emphasize that its primary objective is to help adolescents to understand the sexual changes they are experiencing as positive and natural aspects of their development, and is not designed to encourage behaviour contrary to their values. The risks of not educating young people about reproductive health needs to be examined and discussed, along with the knowledge that honest discussion and open questions in an environment of trust will contribute to promoting health and well-being. It is important that parents and those working in the concerned professions who deal with young people be fully informed about adolescent sexual maturation and development, and be able to discuss sensitive aspects of sexuality and reproduction. That can be achieved through education and training appropriate to each group.

IV. Health and mortality

33. While global life expectancy is increasing, progress is by no means uniform. It is estimated that by 2005, 101 of 184 countries will have met the goals set out by the Programme of Action, with average life expectancies of 70 years or more. Another 25 high mortality countries will meet the life expectancy goal of 65 years. Fifty-eight countries will not reach the Programme's target goal by 2005, most of them in sub-Saharan Africa. In regions where mortality has been declining, new challenges threaten to offset improvements. Some of the countries of Eastern Europe have been experiencing a stagnation of mortality improvement and even declines in national life expectancies. Mortality in those countries has been particularly high among adult males due to non-communicable diseases, accidents, injuries and violent deaths.

34. In addition to longstanding infectious diseases, re-emerging diseases, such as malaria, tuberculosis and cholera, as well as the more recent emergence of HIV, threaten to undermine gains in life expectancy. Furthermore, lack of basic sanitation, water supply and food safety continue to contribute greatly to diarrhoeal disease mortality and morbidity. The number of people without sanitation in 1994 totalled 2.9 billion for developing countries; that figure is projected to increase to 3.3 billion by the year 2000.

35. An emphasis on primary health care has contributed to significant gains in health status. However, for many low-income countries, the cost of providing the most basic public health and clinical services exceeds current government spending. Furthermore, the distribution of resources still favours the capital cities, leaving outlying areas with

inadequate support. Reform of the health sector, including efficient drug distribution and the promotion of local capacity to produce generic essential drugs, remains a key area for improvement. Increased national capacity to enhance primary health care and maternal and child health delivery networks are of utmost priority, and the focus should be on expanding coverage in order to bring the poorest and most remote communities and families within reach of health-care services.

36. As regards child survival, progress has been made in the control of preventable diseases, specifically the promotion of such services as immunization coverage, control of diarrhoeal diseases and iodine deficiency disorders, the eradication of polio and guinea worm disease, and the promotion of breastfeeding. While achievements have been made, a number of challenges remain. About 10 million children under the age of five continue to die each year in developing countries, nearly all from causes for which inexpensive treatments such as immunization and antibiotics, are available. At the current pace of decline in under-five mortality, as many as 64 countries — 45 in Africa, 15 in Asia, 3 in Latin America and the Caribbean and 1 in Oceania — will not meet the goal of 70 deaths per 1,000 births set for the year 2000. Those 64 countries contain nearly half of the world's children aged 0–4 years. To achieve the goals of the Programme of Action, as well as those of the World Summit for Children, new directions may need to be pursued, such as fine-tuning national programmes, reformulating goals and strategies, according special attention to capacity-building, prioritizing goals at national, subnational and community levels, and adapting to local situations to address, for instance, the presence of serious epidemic diseases, such as HIV/AIDS, malaria, tuberculosis or other acute diseases.

37. During pregnancy, any woman can develop serious life-threatening complications that require medical attention. It is essential that pregnant women have access to high quality obstetric care as well as antenatal care. Studies show that more and more pregnant women are seeking antenatal care. In 1985, about one third of births were attended by a trained attendant in Africa; in 1996, attendance had increased to at least 42 per cent. Attendance at birth increased from 49 to 53 per cent in Asia, and from 64 to 75 per cent in Latin America and the Caribbean.

38. One of the most alarming developments in the field of health and mortality is the HIV/AIDS epidemic. By the end of 1998, about 33 million people were infected with HIV and 13.9 million people around the world had already lost their lives to the disease. Some 2.5 million people died of AIDS in 1998, of whom 0.5 million were children. The epidemic is particularly devastating in Africa. In 29 hard-hit African countries, life expectancy at birth is currently estimated at 47 years, seven years less than what could have been expected in the absence of AIDS. The demographic impact of AIDS is even more dramatic when one focuses on the hardest hit countries. The average life expectancy at birth in the nine countries with an adult HIV prevalence of 10 per cent or more is 10 years less than it would have been in the absence of AIDS.

39. Many of the countries severely affected by the HIV/AIDS epidemic have by now developed responses that have become, over time, increasingly accepted by individuals and communities, and have been expanded to bring in more resources and active partners from different sectors of society and of the economy. Experience from the past two decades shows that there are some responses that work to contain the spread of the disease and lighten the burden on individuals, families and communities. However, solutions that have worked well in one place or for one group may not necessarily work for another. Thus, the strategic planning process should aim to mobilize the strengths of all social and economic groups and be sufficiently flexible to cope with the changing nature of the epidemic.

40. Efforts to modify behaviour are central to prevention programmes because HIV is transmitted mainly through sexual contact or by injecting drugs. Prevention programmes, such as media campaigns, peer education, access to inexpensive condoms and clean injection equipment, as well as increased knowledge of HIV and how to protect one's self from infection, have all been shown to work in many places by reducing risk-taking behaviour. Programmes that work best concern themselves with the totality of a person's health.

41. While HIV infection is not curable at present, it is now clear that its course can be delayed significantly with anti-retroviral therapy. Moreover, there are a range of treatments available to prevent and treat opportunistic infections and malignancies that affect people whose immune system have been weakened. There are also prophylactic anti-retroviral therapies that can reduce the likelihood of HIV infection after exposure to the virus. The problem in many countries, however, is one of accessibility, given the lack of availability and/or affordability of many treatments.

V. International migration and development

42. A key objective of the Programme of Action is to address the root causes of migration. Undeniably, economic disparities between countries are at the root of most international migration movements. Their reduction would contribute to dampening the potential for international migration. Yet there is no sign that such reduction is occurring. In fact, there is a growing polarization in terms of income: between the late 1960s and today, the ratio of the income of the richest fifth of the world to the poorest fifth has more than doubled, from 30:1 to 78:1. Another key factor leading to international migration is the degree of social and political stability of a country. Although by one estimate the number of States with democratically elected civilian Governments has doubled since 1984, many of those countries are experiencing varying degrees of social and political instability. In several regions, Governments have lost the ability to undertake the basic functions of the State, including maintaining law and order. In situations of declining prosperity, people have tended to seek security in communal alliances, a process that has reinforced the potential for social and political conflict. As a consequence, there are about 35 civil wars and a larger number of lower-intensity conflicts raging around the world. The parties to those conflicts have often violated international humanitarian law by adopting tactics which rely on the brutal treatment of civilian populations. "Ethnic-cleansing" is one of those tactics. Both the numbers of people that have been forced to leave their place of normal residence and the geographical extent of the areas affected have increased in recent years. Although it is acknowledged that the prevention of conflict, particularly that occurring within countries, and the resolution of conflicts after they occur are key elements of any strategy to address the causes of forced migration, State sovereignty limits the types of actions that the international community can take and raises questions about the legitimacy of external intervention. Furthermore, even when intervention takes place, it may not be sufficient to ensure a lasting peace.

43. When the relationship between the State and its citizens has broken down, humanitarian action can compensate for the absence of national protection by instituting some degree of security. However, humanitarian action can play only a very limited role in safeguarding security in situations of active conflict. Furthermore, the international community's recent emphasis on "in country protection" has been parallelled by a diminished willingness to grant asylum. The recent decline in the world's refugee population (from 16 million in January 1994 to 12 million in January 1997) and the simultaneous increase in the number of internally displaced persons (those of concern to the Office of

the United Nations High Commissioner for Refugees (UNHCR) have risen from 7 million in 1994 to 10 million in 1997) are manifestations of those disturbing trends. Evidently, problems stemming from forced displacement cannot be resolved by efforts to obstruct the departure from or compel the premature repatriation of people to countries where the State is unable or unwilling to protect its citizens. The developments outlined above point to the enormous challenges faced when trying to address the root causes of international migration in general and of population displacement in particular. The Programme of Action recognizes that when the root causes of migration cannot be reduced or controlled, some international migration will have to be accommodated, even by countries reluctant to admit international migrants.

44. The Programme of Action attaches great importance to the protection of the human rights of migrants, whether documented or not. Ratification of the United Nations Convention on the Rights of All Migrant Workers and Members of Their Families is an important step in that direction. As of June 1998, the Convention had been ratified or acceded to by nine countries. To promote ratification, the International Migrants Rights Watch Committee has convened a steering committee that is conducting an information campaign among Governments. In addition, in 1997 the Commission on Human Rights appointed an intergovernmental working group to identify barriers to the effective protection of the human rights of migrants. The Programme of Action also stresses the need for protection against racism, ethnocentrism and xenophobia. An example of evolving action in this regard is provided by the European Union's 1997 Treaty of Amsterdam, which states that "the Council of Europe may take appropriate action to combat discrimination based on sex, racial and ethnic origin, religion or belief, disability, age or sexual orientation" (article 6a). Although the article makes no mention of national origin, it nevertheless provides a basis for action by the European Union on issues relative to racism or discrimination on the basis of religion, both of which are relevant in the treatment of international migrants.

45. There has been little progress in ensuring that documented migrants enjoy equality of treatment with citizens in terms of conditions of work. In most countries, migrant workers admitted on a temporary basis are generally constrained to remain in a particular job or occupation. Changing employer requires prior authorization. Those conditions of work for temporary migrant workers do not only imply discrimination but often lead to exploitative conditions of work, especially in the case of female migrants engaged in domestic services. Realizing that temporary migration for employment and training purposes has been rising in European countries, the Council of Europe has issued guidelines for the legal protection of short-term migrant workers. In Asia, receiving countries have generally maintained restrictive conditions for the legal employment of foreigners, whereas countries of origin have been concerned with the protection of their workers abroad. The Philippines, in particular, has taken a strong stance towards the protection of Filipino migrant workers.

46. The prevention of undocumented migration is one of the major priorities for countries all over the world. Various measures have been adopted to deter undocumented migration, and there have been several concerted efforts to exchange information among the immigration authorities of different countries. Trafficking in migrants has become a major concern in all regions, but many countries still lack legislation making trafficking in migrants a criminal offence. Because trafficking in migrants involves transnational operations that are often carried out by organized crime syndicates, strategies to combat it require the cooperation of authorities in the various countries involved. Regional consultative processes, such as those receiving the logistical support of the International Organization for Migration (IOM), have already resulted in closer cooperation between receiving countries and countries of origin or transit. At the international level, in 1998 the

Commission on Crime Prevention and Criminal Justice called for the elaboration of an international instrument against illegal trafficking in migrants and draft proposals on a convention against the smuggling of illegal migrants, and a protocol aiming at combating the trafficking and transport of migrants by sea were presented to the Commission.

47. International cooperation has been considered essential in addressing the problems faced by refugees, asylum-seekers and displaced persons. A 1996 regional conference to address the problems of refugees, displaced persons, other forms of involuntary displacement and returnees in countries of the Commonwealth of Independent States (CIS) and relevant neighbouring States provides an example of such cooperation. National action plans have been developed on the basis of the programme of action adopted by the conference, and are being implemented with funds raised by UNHCR and IOM.

48. In Europe, the number of persons filing applications for asylum has declined as more stringent rules determining who can apply for asylum have been adopted. Nevertheless, the number of persons whose asylum applications are denied continues to be high, and host countries are faced with the problem of ensuring that those persons return to their countries of origin. To make return possible, host countries have been negotiating readmission agreements with the main countries of origin of asylum-seekers, as well as with countries that serve as points of transit to those persons.

49. The end of the cold war has made possible very sizeable repatriations of refugees. However, the Governments of countries devastated by war cannot ensure an adequate reintegration of returning refugees and other displaced persons. To facilitate reintegration, UNHCR has provided assistance to entire communities in ways that discourage dependency and contribute to the development of local self-sufficiency. In implementing that approach, special attention has been given to the needs of female heads of household and the disabled. Unfortunately, the resources needed to provide assistance to repatriating returnees and to the millions of refugees that still remain in exile in developing countries have been declining, as has the willingness of countries of asylum to provide a haven for people fleeing conflict in their home countries.

50. The ICPD Programme of Action reflects key concerns of the international community regarding the need to address the root causes of international migration and to promote the contributions of migration to development. The developments since its adoption corroborate the importance of focusing on those issues but at the same time indicate the extreme complexity of the problems involved. As the Programme of Action suggests, the manageability of international migration hinges on making the option to remain in one's country a viable one for all people. Unfortunately, too many people are still not in a position to choose that option today.

VI. Population programmes and resources

51. Since ICPD, many countries have revised their population policies and programmes in line with the recommendations of its Programme of Action. Some Governments have begun policy dialogue at the highest levels. Others have established ministries or committees to address population concerns and integrate population in development policies. A number of Governments have begun to integrate and decentralize reproductive health and family planning services, providing opportunities for more efficient management and coordination of activities through collaboration with partners in the public, private and non-governmental sectors. In addition, during the last five years the number and strength of non-governmental organizations committed to population concerns have grown significantly. Many

Governments are also incorporating gender concerns into their development policies and integrating STDs and HIV/AIDS into reproductive health programmes. Increasing numbers of countries are formulating policies and initiating programmes that address the reproductive health concerns of adolescents, and some have made male involvement in reproductive health a policy concern.

52. Governments, non-governmental organizations, the private sector and local communities, assisted upon request by the international community, will need to continue to mobilize and effectively utilize resources for population and development programmes. Priorities should be re-examined and consideration given to devoting an increased proportion of public-sector expenditures as well as an increased proportion of official development assistance to population and related sectors. Recipient countries will further their programmes by ensuring that international assistance for population and development programmes is used efficiently to meet national population and development objectives, and should make every effort to increase domestic resources for population and related programmes.

53. The flow of financial resources for population activities increased just prior to ICPD, as well as in the period immediately after the Conference. Several members of the international donor community demonstrated their commitment to achieving the goals and objectives of the Programme of Action by increasing levels of funding. However, the momentum generated by ICPD appears to have diminished. Although a number of donors continued to increase their funding levels in 1996, overall international assistance has remained unchanged since a number of donors either reduced their contributions or remained at the same level of funding as the previous year.

54. A number of new modalities have emerged in an effort to increase effectiveness of financial assistance to the social sector. Sector-wide approaches offer a modality for providing assistance to a sector (for example, health or education) based on an agreement on approaches and a programme of action, and shared funding. The 20/20 Initiative, which has been endorsed by recent United Nations global conferences, enhances the focus on the provision of basic social services by calling on donor countries to allocate at least 20 per cent of official development assistance and on developing countries to allocate at least 20 per cent of public expenditure for basic social services. Emerging new channels of assistance include private foundations which have shown increased commitment to population assistance.

55. Intensified efforts by the international community will be needed to enhance national capacity-building for population and development and transfer of appropriate technology and know-how to developing countries and countries with economies in transition. Among those efforts are certainly the agreed target of 0.7 per cent of the gross national product for overall official development assistance and the goal of devoting at least 4 per cent of overall development assistance to population funding.

56. Governments should consider diversifying the sources of contributions while striving to avoid a reduction in resources for other development areas. Innovative financing, including new ways of generating public and private financing resources, should be explored, and new modalities, such as increased involvement of the private sector and the selective use of user fees, should be examined. Donor Governments and agencies may wish to coordinate financing policies and planning procedures in order to improve the impact, complementarity and cost-effectiveness of contributions to population programmes, avoid duplication of services and ensure that basic needs are met.

57. For non-governmental organizations and other members of civil society, ICPD was a turning point. Although many organizations were already involved in population and

development activities before ICPD, it clearly legitimized them as full partners in the implementation of the Programme of Action. At the country level, many civil society organizations now enjoy easier access to and direct contacts with ministries and departments of national Governments. Non-governmental organizations are increasingly being asked to contribute to the formulation and/or implementation of programmes and projects that they execute on their own or in partnership with Government institutions.

58. Not all Governments have established partnerships with non-governmental organizations, nor are all existing partnerships effective and harmonious. Among the more frequent constraints encountered are the absence of an enabling environment for mutually beneficial partnerships and the lack of financial sustainability. Building human, institutional and financial resources is essential, as are cooperation and mutual trust.

59. Governments and international organizations should continue in their efforts to integrate non-governmental organizations in the decision-making process and facilitate their contribution to population and development issues. Governments, non-governmental organizations and international organizations could also intensify their cooperation with the private sector in matters pertaining to population and development in order to strengthen the contribution of that sector in the implementation of population and development programmes. Implementation of the Programme of Action will be greatly facilitated by Governments and civil society organizations improving and strengthening their respective human resource management and technical capabilities, institutional capacities and financial sustainability.

VII. Concluding observations

60. The ICPD Programme of Action covers an expansive field of topics, issues and concerns, and addresses the entire spectrum of countries, institutions, groups and individuals. But only five years have elapsed since its adoption, so that the notable changes in government policies and establishment of new programmes along the lines of the Programme of Action have not yet had time to fully bear fruit.

61. It is clear that for some issues and for some countries, regions and groups, progress has been achieved. Mortality in most countries has continued to fall since ICPD. Reproductive health programmes have been established in many countries and rising contraceptive use among couples indicates greater accessibility to family planning and greater ability of couples to have the number and spacing of children they desire. Many countries, both sending and receiving, have taken important steps, particularly at the regional level, to manage international migration flows through bi-national and multinational agreements. In addition, many civil society organizations are contributing to the formulation and implementation of policies, programmes and projects on their own or in partnerships with governmental and intergovernmental institutions.

62. Nonetheless, for some issues and for some countries, regions and groups, progress has been limited, and in some cases setbacks have even occurred. The HIV/AIDS pandemic has led to rises in mortality in many countries, particularly in sub-Saharan Africa. Political shocks and adjustments from the transition to market economies for a number of countries in Asia and Europe have been accompanied by stagnations and rises in mortality, particularly among adult men. Yet to be seen is the extent to which the financial crises that are affecting social welfare in countries of East Asia and elsewhere will limit their progress in implementing the Programme of Action.

63. Progress has been achieved but it is uneven, and a great deal remains to be done. Resources are necessary, but national evidence shows that government leadership, priorities and commitment are the critical variables for successful implementation of the Programme of Action. With sufficient resources and committed government action, the review and appraisal to be undertaken in the year 2004 will no doubt document enormous progress in achieving the goals and objectives of the ICPD Programme of Action.